



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

07/14/2008

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYD986972586

INSTALLATION NAME: NYSDEC REGION 5 LUZERNE ROAD LANDFILL SITE #5-57-010

INSTALLATION ADDRESS: 51 LUZERNE RD
QUEENSBURY, NY 12801

MAILING ADDRESS: 625 BROADWAY 12TH FLOOR
ALBANY, NY 12233

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: NYSDEC REGION 5 LUZERNE ROAD LANDFILL SITE #5-57-010
or Current Occupant
ATTN: GERARD BURKE
625 BROADWAY 12TH FLOOR
ALBANY, NY, 12233**

**SEND COMPLETED
FORM TO:**The Appropriate State or
EPA Regional Office.

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM**1. Reason for
Submittal
(See instructions
on page 9)**MARK ALL BOX(ES)
THAT APPLY**Reason for Submittal:**

- ☒ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☐ As a component of the Hazardous Waste Report

**2. Site EPA ID
Number (page 10)****EPA ID Number**

N Y D 9 8 6 9 7 2 5 8 6

**3. Site Name
(page 10)**

Name: NYSDEC (Region 5) Luzerne Road Landfill, Site No. 5-57-010

**4. Site Location
Information
(page 10)****Street Address:** 51 Luzerne Road**City, Town, or Village:** Queensbury**State:** New York**County Name:** Warren**Zip Code:** 12801**5. Site Land Type
(page 10)****Site Land Type:** ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☒ State ☐ Other**6. North American
Industry
Classification
System (NAICS)
Code(s) for the Site
(page 10)**

A. 562211

B.

C.

D.

**7. Site Mailing
Address
(page 11)****Street or P. O. Box:** 625 Broadway, 12th Floor**City, Town, or Village:** Albany**State:** New York**Country:** United States**Zip Code:** 12233**8. Site Contact
Person
(page 11)****First Name:** Gerard**MI:** W.**Last Name:** Burke**Phone Number:** (518) 402-9814 **Extension:****Email address:****9. Operator and
Legal Owner
of the Site
(pages 11 and 12)****A. Name of Site's Operator:**
New York State**Date Became Operator (mm/dd/yyyy):**
01/01/1978**Operator Type:** ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☒ State ☐ Other**B. Name of Site's Legal Owner:**
New York State**Date Became Owner (mm/dd/yyyy):**
01/01/1978**Owner Type:** ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☒ State ☐ Other

9. Legal Owner
(Continued)
Address

Street or P. O. Box: 625 Broadway, 12th floor

City, Town, or Village: Albany

State: New York

Country: United States

Zip Code: 12233

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 12 to 16.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☒ a. LQG: Greater than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 50 to 99.9 kg/mo (110 - 219.9 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 50 kg/mo (110 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☐ d. United States Importer of Hazardous WasteY ☐ N ☐ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☐ 2. Transporter of Hazardous WasteY ☐ N ☐ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.Y ☐ N ☐ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☐ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace ExemptionY ☐ N ☐ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☐ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☐ 1. Used Oil Transporter
If "Yes", mark each that applies.
☐ a. Transporter
☐ b. Transfer FacilityY ☐ N ☐ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.
☐ a. Processor
☐ b. Re-refinerY ☐ N ☐ 3. Off-Specification Used Oil BurnerY ☐ N ☐ 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.
☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner
☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 16.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

PCBs (B007)						

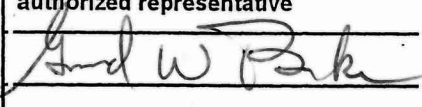
12. Comments (See instructions on page 16.)

This project involves the cleanup of the Luzerne Road Landfillsite by the NYS Department of Environmental Conservation. The project is expected to begin for the remedial cleanup in the July 2007.

The wastes at the site are PCBsoils and debris contaminated from previous operations. The site is being remediated under a formal Record of Decision (dated March 2005) cleanup action by the NYSDEC.

Previously, NYSDEC performed a removal action at the site. Hazardous Waste Generator ID Number used at the time was NYD986972586.

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 16.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Gerard W. Burke, Environmental Engineer II	6/2/2008

New York State Department of Environmental Conservation

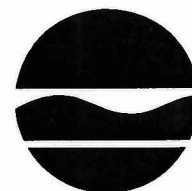
Division of Environmental Remediation

Remedial Bureau E, 12th Floor

625 Broadway, Albany, New York 12233-7017

Phone: (518) 402-9814 • FAX: (518) 402-9819

Website: www.dec.ny.gov



Alexander B. Grannis
Commissioner

JUN 2 2008

Mr. Jack Hoyt
United States Environmental Protection
Agency, Region II
290 Broadway
New York, New York 10007

RE: Request for Reactivation of EPA ID Number NYD986972586
Luzerne Road LF, NYSDEC Site No. 5-57-010
Town of Queensbury, Warren County

Dear Mr. Hoyt:

The New York State Department of Environmental Conservation (Department) requests that the United States Environmental Protection Agency (USEPA) reactivate EPA ID Number NYD986972586. This number has been used in the past for remediation work at the Luzerne Road Landfill inactive hazardous waste site (NYS Site No. 5-57-010) in the Town of Queensbury, Warren County. This number was deactivated for lack of use. However, a remediation project will occur at this site and activation of the ID Number will facilitate the disposal of hazardous and non-hazardous waste that will be generated during the upcoming remediation. The remediation of this site is being funded by the New York State Superfund program.

Enclosed is a signed EPA Form 8700-13 A/B. A request for reactivation was previously made in September 2007.

If you have any questions, please call me at (518) 402-9814.

Sincerely,

Gerard W. Burke, P.E.

Project Manager

Remedial Section A, Remedial Bureau E

Division of Environmental Remediation

cc: D. Hiss, MPI



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/29/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NYD986972586
INSTALLATION NAME	→	NYSDEC - SHERMAN - LUZERNE
INSTALLATION ADDRESS	→	LUZERNE RD & I87 SITE 557015 QUEENSBURY, NY 12804
MAILING ADDRESS	→	LUZERNE RD & I87 SITE 557015 QUEENSBURY, NY 12804

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866

ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH

TO: LAPINSKI, CRAIG
ENVIRON ENGR
50 WOLF RD
ALBANY, NY 12233-7010

Change (address)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. EPA 2028. Expires 10-31-91
GSA No. 33 EPA OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

AGENCY RO II

99 MAR 17 PM 12:00

I. Installation's EPA ID Number (Mark X in the appropriate box)

<input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (complete name)	C. Installation's EPA ID Number
		N4D 986972586

II. Name of Installation (Include company and specific site name)

SHERMAN / LUZERNE (SITE #557015)

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street	
LUZERNE ROAD	(600 ft. North of
Street (continued)	
LUZERNE ROAD	6000 ft. W of 787
City or Town	State ZIP Code
QUEENS BURY	NY 12804-
County Code	County Name
	WARREN

IV. Installation Mailing Address (See instructions)

Street or P.O. Box	
City or Town	State ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)	(first)
LAPINSKI	CRAIG
Job Title	Phone Number (area code and number)
ENV. ENGINEER	518-457-9280

VI. Installation Contact Address (See instructions)

A. Contact Address Location	B. Street or P.O. Box
<input type="checkbox"/> Location <input checked="" type="checkbox"/> Mailing	50 WOLF ROAD
City or Town	State ZIP Code
ALBANY	NY 12233-7010

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner	
NYS DEPT OF ENVIR CONSERVATION	
Street, P.O. Box, or Route Number	
50 WOLF ROAD	
City or Town	State ZIP Code
ALBANY	NY 12233-7010
Phone Number (area code and number)	B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed)
518-457-9280	Yes No <input checked="" type="checkbox"/> (Month Day Year)

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions) ☒ 3. Treater, Storer, Disposer (at installation)
 a. Greater than 1000kg/mo (2,200 lbs.) ☐ Note: A permit is required for this activity; see instructions.
 b. 100 to 1000 kg/mo (220 - 2,200 lbs.) ☐
 c. Less than 100 kg/mo (220 lbs.) ☐
 2. Transporter (Indicate Mode in boxes 1-5 below) ☐
 a. For own waste only ☐
 b. For commercial purposes ☐
 Mode of Transportation
☐ 1. Air
☐ 2. Rail
☒ 3. Highway
☐ 4. Water
☐ 5. Other - specify

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - indicate device(s) - Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification ☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐
 (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 B 0 0 2	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature: Craig M. Lapinski Name and Official Title (type or print): Craig M. Lapinski, Env. Eng. 2 Date: 3/10/99

XI. Comments

The Sherman/Luzerne site is a NYSDEC listed Hazardous Waste Site (on State registry as Site No. S-57-015). Approximately 650 tons of PCB contaminated soil will be removed during remedial activities.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

TRANSMITTAL SLIP

TO JACK HOYT - USEPA REGION II

FROM CRAIG LAPINSKI - NYSDEC (Albany, NY)

DATE 3/10/99

RE: Sherman / Luzerne Site

Please process the attached form and call me at
(518) 457-9280 to let me know what the EPA ID No.
for this site is. Thanks.

FOR ACTION AS INDICATED:

- ☐ Please Handle
- ☐ Prepare Reply
- ☐ Prepare Reply for _____
Signature
- ☐ Information
- ☐ Approval
- ☐ Prepare final/draft in _____ Copies

- ☐ Comments
- ☐ Signature
- ☐ File
- ☐ Return to me
- ☐ _____
- ☐ _____

U.S. EPA
REGION II
MAR 17 PM 12:28
1000 P.M. 1999

* RCRIS: Notification Add/Update Screen 2 *

*EPA ID: NYD986972586 Other ID: Merge Send: Y *

*Date Received(MMDDYY): 092195 Source(N/E/S): N Non-Notifier Flag: *

*Date Acknowledged (MMDDYYYY): 09251995 Send Acknowledgement: *

*Name of Installation: NYSDEC LUZERNE ROAD *

* Installation Location Address *

*Streets: LUZERNE RD *

*City: QUEENSBURY State: NY Zip: 12801 *

*County Code: 113 County Name: WARREN *

* Installation Mailing Address (Type 'SAME' if same as Above) *

*Streets: CITY HALL *

*City: GLENS FALLS State: NY Zip: 12801 *

* Contact Information *

* Last Name First Name Title Phone Address(M,L,O)*

* VICKERSON THOMAS CHIEF INSPECTOR 5184577878 0 *

*Streets: 50 WOLF RD *

*City: ALBANY State: NY Zip: 122337010 *

*Land Type: M *

* Enter-Continue F3 - Exit F5 - Prev Screen *

* RCRIS: Notification Add/Update Screen 3 *

* EPA ID: NYD986972586 Other ID: Source: N *

* *

* Owner Sequence Number: 1 *

* Ownership: CITY OF GLENS FALLS Type of Owner: M *

* *

* *

* Address of Owner *

* *

* Street: CITY HALL *

* City: GLENS FALLS State: NY Zip Code 12801 *

* Phone: 2125551212 *

* *

* Current/Previous Indicator: CO Change Date(MMDDYY): *

* *

* *

* *

* Enter-Continue F3-Exit F4-Exit Group Process F5-Curr. Owner *

* F6-Prev. Owner F8-Help F9-First F10-Next *

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0246-EPA-OT

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NYP003602000

II. Name of Installation (Include company and specific site name)

NYSD E C L U Z E R N E R O A D

NYD 986 972 586

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

L U Z E R N E R O A D

Street (continued)

City or Town

Q U E E N S B U R Y

State

ZIP Code

NY

12801-

County Code

County Name

W A R R E N

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

C I T Y O F G L E N S F A L L S C I T Y H A L L

City or Town

State

ZIP Code

G L E N S F A L L S

NY

12801-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

V I C K E R S O N

T H O M A S

Job Title

Phone Number (area code and number)

C H I E F I N S P E C T O R 518-457-7878

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☒☒

50 W O L F R O A D

City or Town

State

ZIP Code

A L B A N Y

NY

12233-7010

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

C I T Y O F G L E N S F A L L S

Street, P.O. Box, or Route Number

C I T Y H A L L

City or Town

State

ZIP Code

G L E N S F A L L S

NY

12801-

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

(Date Changed)
Month Day Year

- - - - -

M

M

Yes

No

X

Month

Day

Year

NYD 986 972 586

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
- ☐ 4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
- ☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (D000) ☐
- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
-

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 B007	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1 N899	2	3	4	5	6
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X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Thomas J. Vickerson

Name and Official Title (type or print)

THOMAS J. VICKERSON
CHIEF CONSTRUCTION INSPECTOR


Date Signed

9/12/95

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Provisional Number Questionnaire

1. Name of Facility Requesting ID Number
NYSDEC LUZERNE ROAD
2. Name and Telephone Number of Person Making Request
THOMAS J. VICKERSON 518 457 7878
3. Date of Request for Provisional Number
11 SEPT 1995
4. Time and Date of Episode Causing Emergency
26 JUNE 1995
5. Projected Date all Hazardous Waste Activity Will be Terminated
11 OCT 1995
6. Location of Episode
GLENS FALLS (C) WARREN COUNTY, NY
7. Measures Taken to Control Episode
MATERIAL PLACED IN DRUMS FOR DISPOSAL
8. Description of Episode
DECONTAMINATE TANKER USED TO TRANSPORT
9. List Type and Quantity of Wastes
FUEL OIL WITH PCB
10. Name and EPA ID Number of Transporter(s)
ENVIRONMENTAL PRODUCTS & SERVICES NYD980761911
11. Name and EPA ID Number of Treatment, Storage and/or Disposal Facility (If known)
TRANS-CYCLE INDUSTRIES
12. Provide All Provisional Numbers Previously Assigned (If Any)
NYP003602000
13. Do You Wish to Obtain a Permanent ID Number 
YES
14. Comments
PUMPING AND DISPOSAL OF PCB CONTAMINATED
LEACHATE (BOO7) WILL CONTINUE
15. Signature and Date

Thomas Vickerson 9/12/95



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

09/25/95

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD986972586

FACILITY NAME -> NYSDEC - LUZERNE ROAD

MAILING ADDRESS -> CITY HALL
GLENS FALLS, NY 12801

INSTALLATION ADDRESS -> LUZERNE RD
QUEENSBURY, NY 12801

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: VICKERSON, THOMAS
CHIEF INSPECTOR
NYSDEC - LUZERNE ROAD
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ALBANY, NY 12233-7010